

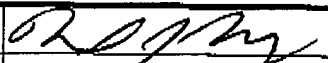
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Oct. 21. 2005 3:21PM WILSON SONSINI

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No. 0612 P. 4
PTO Form 1 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| | | | | |
|---|--------------------|---|--------------------|--------------------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005 | | Complete if Known | | |
| <input type="checkbox"/> applicant claims small entity status. See 37 CFR 1.27. | | Application Number 09/998,801 | COPY | |
| TOTAL AMOUNT OF PAYMENT (\$) | | Filing Date November 15, 2001 | | |
| | | First Named Inventor Kristian E. Johnsgard | | |
| | | Examiner Name Leonid M. Fastovsky | | |
| | | Art Unit 3742 | | |
| | | Attorney Docket No. 14912.832 | | |
| METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <u>23-2415</u> Deposit Account Name: <u>Wilson Sonsini Goodrich & Rosati</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayment | | | | |
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| FEE CALCULATION | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | |
| | FILING FEES | | SEARCH FEES | EXAMINATION FEES |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) |
| Utility | 300 | 150 | 500 | 250 |
| Design | 200 | 100 | 100 | 50 |
| Plant | 200 | 100 | 300 | 150 |
| Reissue | 300 | 150 | 500 | 250 |
| Provisional | 200 | 100 | 0 | 0 |
| | | | | Fee (\$) |
| | | | | Small Entity Fee (\$) |
| | | | | Fees Paid (\$) |
| 2. EXCESS CLAIM FEES | | | | |
| Fee Description | | | | Small Entity |
| Each claim over 20 or, for Reissues, each claim over 20 and more than the original patent | | | | Fee (\$) |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | Fee (\$) |
| Multiple dependent claims | | | | Fee (\$) |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | Multiple Dependent Claims |
| - 20 or HP = _____ x _____ = _____ | | | | Fee (\$) Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20 | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | |
| - 3 or HP = _____ x _____ = _____ | | | | |
| HP = highest number of total claims paid for, if greater than 3 | | | | |
| 3. APPLICATION SIZE FEE | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fractions thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | |
| - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ | | | | |
| 4. OTHER FEE(S) | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | |
| Other: <u>Supplemental Information Disclosure Statement (\$180): 3 month Extension of Time (\$1,020)</u> | | | | |
| Fees Paid (\$) <u>2,200</u> | | | | |

| | | | |
|----------------------|---|---|------------------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. (Attorney/Agent) 37,404 | Telephone 650-493-9300 |
| Name (Print/Type) | Michael J. Murphy (Customer No. 021971) | | Date October 21, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (02-04)

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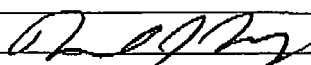
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| | | | |
|--|----|------------------------|------------------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 09/998,801 |
| | | Filing Date | November 15, 2001 |
| | | First Named Inventor | Kristian E. Johnsgard et al. |
| | | Art Unit | 3742 |
| | | Examiner Name | Leonid M. Pastovsky |
| Total Number of Pages in This Submission | 18 | Attorney Docket Number | 14912.832 |

| ENCLOSURES (Check all that apply) | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

| | |
|-------------------------|--|
| Firm or Individual name | Michael J. Murphy, Reg. No. 37,404, WILSON SONSINI GOODRICH & ROSATI (Customer No. 021971) |
| Signature |  |
| Date | October 21, 2005 |

CERTIFICATE OF TRANSMISSION/MAILING

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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | Linda Faye (571.273.8300) | | |
| Signature |  | Date | October 21, 2005 |

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|---|--|--------------------------|-----------------------|
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| TOTAL AMOUNT OF PAYMENT (\$) | | Filing Date | November 15, 2001 |
| | | First Named Inventor | Kristian E. Johnsgard |
| | | Examiner Name | Leonid M. Fastovsky |
| | | Art Unit | 3742 |
| | | Attorney Docket No. | 14912.832 |

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account: Deposit Account Number: 23-2415 Deposit Account Name: Wilson Sonsini Goodrich & Rosati

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☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayment
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than the original patent

Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)

Multiple dependent claims

Fee (\$)

Total Claims - 20 or HP = **Extra Claims** \times **Fee (\$)** = **Fee Paid (\$)**
Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**

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Indep. Claims - 3 or HP = **Extra Claims** \times **Fee (\$)** = **Fee Paid (\$)**

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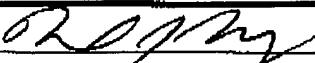
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4. OTHER FEE(S)**Fees Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Supplemental Information Disclosure Statement (\$180); 3 month Extension of Time (\$1,020)

2,200

SUBMITTED BY

| | | | | | |
|-------------------|---|-----------------------------------|--------|-----------------------|--------------|
| Signature |  | Registration No. (Attorney/Agent) | 37,404 | Telephone | 650-493-9300 |
| Name (Print/Type) | Michael J. Murphy (Customer No. 021971) | | | Date October 21, 2005 | |

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Appl. No. : 09/998,801
Applicant : Kristian E. Johnsgard et al.
Filed : November 15, 2001
TC/A.U. : 3742
Examiner : Leonid M. Fastovsky
Docket No. : 14912.832

Confirmation No. 5951

Customer No. : 021971

Response, Transmittal, Fee Transmittal

Ref: 14912.832

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PAGE 1/19 * RCVD AT 10/21/2005 6:09:20 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-6/26 * DNIS:2738300 * CSID: * DURATION (mm:ss):05-20